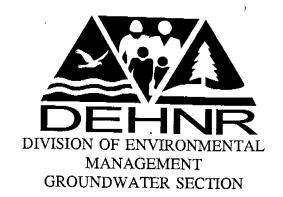
State of North Carolina Department of Environment. Health and Natural Resources Winston-Salem Regional Office

James B. Hunt, Jr., Governor Jonathan B. Howes, Secretary



November 1, 1995

CERTIFIED MAIL NUMBER: P-536 316 923 RETURN RECEIPT REQUESTED

The Pantry, Inc. 1801 Douglass Drive Sanford, N.C. 27330

SUBJECT:

Underground Storage Tank (UST) Closure Assessment at Pantry #204, 266 South Main Street, Kernersville, Forsyth County, Incident Number Unassigned

Dear Sir or Madam:

The Groundwater Section of the Winston-Salem Regional Office is now reviewing the UST closure assessment for the subject location. In order to determine whether or not the closure was performed in accordance with State and Federal regulations, the Groundwater Section must be provided with the following information 30 days from receipt of this letter:

sample under all associated product lines with no less than one sample for lines 20 feet or shorter, and at least one sample for every 20 feet thereafter; and,

11/27/95 \

the depth of tank burial(s) - the depth should be measured from land surface to the top of tank(s).

Your cooperation is appreciated. Providing the requested information by the deadline specified in this letter will prevent a Notice of Violation being issued to you for the failure to provide an adequate closure report.

All soil sample analyses must be accompanied by a chain-of-custody and the sampling protocol. Please note that all subsurface investigative work is now required to be supervised by a Licensed Geologist or Professional Engineer, with all reports signed and sealed by that professional. Please refer to the file name, Pantry #204, on the cover letter of your reply. This will help us speed up the review. If you have any questions, please contact me at the letterhead address and/or telephone number.

Sincerely,

Thomas Moore

Thomas Moore Hydrogeological Technician

cc: Regional Office Files

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PANTRY SENDER: Kerner	F.C., State and ZiP Code		and transfer
• Complete items 3, and 4e & • Print your name and address return-this card to you. • Attach this form to the front does not permit. • Write "Return Receipt Request • The Return Receipt will show to delivered.  3. Article Addressed to:  The Pantry, Inc.  1801 Douglass Dr	or additional services. b. on the reverse of this form so t of the mailpiece, or on the back ted" on the mailpiece below the ar o whom the article was delivered	ticle number and the date Con 4a. Article Management P-536  4b. Service Registered Certified Express Management P-536	1. Addressee's Address 2. Restricted Delivery  nsult postmaster for fee.  Number  3/6 923  Type  Insured  COD  Iail Return Receipt for Merchandise  elivery
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